

## Winter Haven Christian School

1700 Buckeye Loop Road NE

Winter Haven, FL 33884

(863) 294-4135 – Fax: (863) 508-6354

Dear Parent/Legal Guardian:

If your child needs to have medication(s) given during the school day, State Regulations and School Board Policy require that you provide written authorization for all medications to be given. An authorization for prescription medication must also be completed and signed by a physician or other health care provider licensed in the state of Florida (as outlined in Florida Statutes, F.S. 464) ***(Medications not approved by the Food and Drug Administration (FDA) and alternative medications, including natural, herbal remedies, homeopathic medicines, food supplements, and vitamins may not be administered at school, with the exception of prescribed pancreatic enzymes)***

The Medication Authorization Form attached to this document must be entirely completed and accompany any medication (either prescribed or over-the-counter) to be given to your child in school. The form must be signed by a parent/legal guardian and the prescribing physician/legal- healthcare-provider when indicated. **Staff members will not be able to administer medication to your child without this written authorization and consent.** Thank you for assisting us to provide safe medication administration for your child during the school day.

A parent/legal guardian or an authorized adult must hand carry medications to the school office. At the time of delivery, the quantity of each medication will be verified by school personnel. **Do not send medications to school with your child.**

Medications that are to be given only one time per day or medications that can be administered before or after school should not be administered at school.

Prescribed medications must be received at school in a container with the original, unaltered prescription label attached. **Label must be written in English.** The label must display all legal information required for a pharmacist to dispense a prescription medication such as valid issue and expiration dates, the student's name, the medication name, dosage, time to be administered, and the physician/legal-healthcare-provider's name.

Over-the-counter (OTC) and FDA approved non-prescription medications must be in the original store-issued container. Please also label the container with your child's full name and birth date. OTC's, including cough drops, will only be given according to directions on the label. If a parent/guardian requests dosages or administration recommendations that do not appear on the OTC or non-prescription medication label, orders stating the reason for the administration variation must be obtained by the parent/guardian from the physician/legal-healthcare-provider and will be considered by school personnel before safe administration may occur. **Based on the school personnel's assessment, a parent may be required to obtain a physician's authorization for increased and/or daily administration of an OTC medication. Winter Haven Christian School reserves the right to get a second opinion from a licensed medical doctor in such a scenario.**

If your child is authorized to self-carry and use lifesaving medications as prescribed by his/her healthcare- provider, the child must demonstrate competency in self-administration/self-treatment with specific instructions from the prescribing physician.

**Winter Haven Christian School  
Medicine distribution authorization form**

Student's Name: \_\_\_\_\_ Sex (Check One): M \_\_\_ F \_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Homeroom Teacher \_\_\_\_\_

Allergies \_\_\_\_\_

**MEDICATION INFORMATION**

Medical Condition for which medication will be required for student in school: \_\_\_\_\_

Name of Medication: Prescription \_\_\_\_\_ Over-the-counter \_\_\_\_\_

Route to administer (please check one)  Orally;  Topically;  Subcutaneous;  Inhaled;  Other \_\_\_\_\_  
(BY MOUTH) (ON THE SKIN) (INJECTED) (BREATHED) (DESCRIBE)

Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_ Time of Day \_\_\_\_\_

Is this a new medication?  Yes  No If yes, the first dose must be administered at home.

Special Instructions: \_\_\_\_\_

**Prescription medications require healthcare provider signature below:  
Physician's orders are required for all prescription medications given at school.**

Physician's Name (Print) \_\_\_\_\_ Phone # \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Fax # \_\_\_\_\_

I have prescribed the student to self-carry MDI, pancreatic enzymes, EPI-PEN, or other life saving medications described on this page.

**PARENT/GUARDIAN AUTHORIZATION**

1. I give permission for my child's doctor to be contacted for information regarding the administration of the medication listed on this form.
2. I authorize the above medication to be administered as described or prescribed.
3. I am aware that this medication may be administered by non-medical personnel.

**The following section is to be completed by a parent/legal guardian:**

I hereby grant permission to Winter Haven Christian School and it's designees to assist in the administration of the above-prescribed medication to my child while in school and during school sponsored activities (FS 232.46). It is my responsibility to provide the school with a new medication authorization form if and when these orders change. I understand the law provides that there shall be no liability for civil damages as a result of the administration of such medication where the person administering such medication acts as an ordinarily reasonably prudent person would under the same or similar circumstances.

Parent/Guardian Name Printed: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Business Cell Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_